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Complete If Known Substitute for form 1449A/PTO Application Number 10/699,534 INFORMATION DISCLOSURE **Filing Date** October 31 2003 STATEMENT BY APPLICANT First Named Inventor Shaffer Art Unit 3749 (use as many sheets as necessary) **Examiner Name** Unknown

Attorney Docket Number

Confirmation	NO.:	2704
TIMENTS		

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		U.S. PATI	ENT DOCUMENTS		
Examiner Initials	Cite Document Number No.1 Number - Kind Code <sup>2</sup> (if known	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	class.	/ sub
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Examiner Initials	Cite No. <sup>1</sup>	Foreign Patent Occument  Co-phy Code 3 - Number 4 - Kind Code 4 (I/Innown)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	<b>T</b> 6

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